



California Public Employees' Retirement System

AMENDED EMPLOYER CERTIFICATION

TO: CALPERS P.O. BOX 942711 SACRAMENTO, CA 94229-2711	From Agency Code and Name	
Member Name	Social Security Number	Retirement Date

Employee's Last Day on Payroll <div style="text-align: center; margin-top: 10px;"> / / </div>	Employee's Separation Date <div style="text-align: center; margin-top: 10px;"> / / </div>
Balance of unused sick leave days _____	
Balance of educational leave days _____	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Employer Signature </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Title </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Telephone Number </div> </div>	